

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8890

FILED OCT 13 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
6 mo.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Chronic Hosp.Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS (If outside, give location)
4302 N. Market St.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
Sam

Middle

Last
St. James4. DATE
OF
DEATH

Month

Day

Year

9-23-61

5. SEX

Male

6. COLOR OR RACE

Col.7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐Sep.

8. DATE OF BIRTH

6-16-97

9. AGE (last birthday)

64 YRSIF UNDER 1 YEAR
MonthsIF UNDER 24 HR
Days Hours Min.310a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Ill.12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Dave ST. JAMES

13b. MOTHER'S MAIDEN NAME

Harriett ?JONES

14. NAME OF HUSBAND OR WIFE

MARION ST. JAMES15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)NO

16. SOCIAL SECURITY NO.

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17. INFORMANT

EDWARD ST. JAMES

Address

615 W. MAIN ST. SPARTA, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RHEUMATIC HEART DISEASE WITH DESTRUCTION OF
MITRAL VALVEINTERVAL BETWEEN
ONSET AND DEATHMANY YEARSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

410 X HPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PULMONARY FIBROSIS - CARCINOMA OF PROSTATEPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

?20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-23-61to 9-23-61and last saw her
him alive on 9-23-61Death occurred at 1:15 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. Keeney M.D.

22b. ADDRESS

5800 Arsenal Ave

22c. DATE SIGNED

9-25-6123a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

9-27-61

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST. LOUIS CTY MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

A.F. WALTON 2707 STODDARD

25. DATE RECD. BY LOCAL REG.

SEP 26 1961

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.